



PENSION BOND RIDER

TO BE ATTACHED TO AND FORM A PART OF BOND NUMBER _____

EXECUTED BY _____, AS PRINCIPAL,

AND BY _____, AS SURETY, IN FAVOR

OF THE STATE OF WASHINGTON, DEPARTMENT OF LABOR AND INDUSTRIES;

WHICH IS EFFECTIVE AS OF _____.

CLAIMANT'S NAME _____ CLAIM # _____.

In consideration of the mutual agreements herein contained, the Principal and the Surety hereby consent to (INCREASE / DECREASE) the AMOUNT OF THE PENAL SUM OF SAID BOND

FROM:

TO:

The Surety undertakes and agrees that the obligation of this endorsement and the above referenced bond shall fully cover and extend to all of the pension benefits designated in the bond. The aggregate liability for said acts and defaults shall in no event exceed the last sum named, it being the intent hereof to preclude cumulative liability.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

Signed and sealed this _____ day of _____.

Accepted by the State of Washington
Department of Labor and Industries

Date _____ Program Manager for Self-Insurance

Principal

Name

Date

Title

Signature

Surety

Name

Date

Title

Signature